



**Ashtabula County Health Department**

12 West Jefferson Street  
Jefferson, Ohio 44047-1096  
(440) 576-6010

\_\_\_\_\_  
Date

I or We \_\_\_\_\_ hereby authorize the  
(Present Owner)

Ashtabula County General Health District to transfer the right and title to

Food Service Operation License Number: \_\_\_\_\_ for the year \_\_\_\_\_

for \_\_\_\_\_  
(New Establishment Name)

to \_\_\_\_\_  
(New Owner)

\_\_\_\_\_  
(Signature of Present Owner)

\_\_\_\_\_  
(Signature of New Owner)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone Number)

**Equal Provider of Services  
Equal Opportunity Employer**